

PU01-0181



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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#307

In re patent application of:

Shioda et al.

Serial No.: 09/904,574

Group Art Unit: 2165

Filing Date: July 16, 2001

Examiner: Unknown

For: INFORMATION SERVICE PROVIDING METHOD

Assistant Commissioner of Patents
Washington, D.C. 20231

ATTENTION: FINANCE DIVISION

REQUEST FOR REFUND

Sir:

The undersigned respectfully requests a refund in the amount of \$58.00 for the above-identified patent application.

The above-referenced new application was filed on July 16, 2001 and the PTO charged our Deposit Account \$740.00 instead of \$710.00. Rates increased on October 1, 2001, therefore, the \$58.00 fee charged on the Monthly Statement of Deposit Account dated October 29, 2001 was charged in error. Therefore, Application respectfully requests that the \$58.00 fee be refunded. Please charge any deficiencies in fees and credit any overpayment of fees to Attorney's Deposit Account number 50-0481.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Sean M. McGinn".

Sean M. McGinn, Esq.
Registration No. 34,386

Adjustment date: 03/27/2002 SCOTTON
10/29/2001 MWOLDER1 00000084 500481 09904574
05 FC:105 58.00 CR -72.00 OP

Date: 2/7/02
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Intellectual Property Law
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Ref ID: Ref: 03/27/2002 SCOTTON 0011350900
DAI: 500481 Name/Number: 09904574
FC: 704 \$72.00 CR



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Page	1

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5mm ljc
FUTI.007
(P001-0181)

Hand-Delivered

New Application Post Card Filing Receipt and
Request for Early Notification of Serial Number

Attorney's Docket Number: FUTI.007

Patent

Trademark

Applicant's Name: Shieda et al.

Application Filing Date: 7/14/01

Title: Information Service Providing Method



13 Papers Filed Herewith:

13 Pages Specification, Claims and Abstract. 33 Total Claims 10 Independent Claims

Sheets Formal Drawings Informal Drawings Priority Document(s)
 Patent Application Transmittal Sheet Declaration/Power of Attorney
 IDS 1449 Form w/ Documents Assignment Recordation Cover
Other _____

Fees Filed Herewith: \$ Check Charge Deposit Account: _____

